



## ISLAND RHYTHMIC GYMNASTICS CLUB

### REGISTRATION FORM WINTER & SPRING 2020

GYMNAST NAME

DATE OF BIRTH (YY/MM/DD)

MEDICAL NUMBER

PARENT/GUARDIAN NAME

ADDRESS

EMAIL

PHONE NUMBER (C)  (H)  (W)

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

ALTERNATE PICK UP NAME

ALTERNATE PICK UP PHONE (C)  (H)

### PROGRAM SELECTION

WINTER - January to March		SPRING - April to June	
Pre-school	Recreational	Pre-school	Recreational
<input type="checkbox"/> Monday 5-6 pm	<input type="checkbox"/> Tuesday 5-6 pm	<input type="checkbox"/> Monday 5-6 pm	<input type="checkbox"/> Tuesday 5-6 pm
	<input type="checkbox"/> Wednesday 5-6 pm		<input type="checkbox"/> Wednesday 5-6 pm
	<input type="checkbox"/> Friday 5-6 pm		<input type="checkbox"/> Friday 5-6 pm

### HOW DID YOU HEAR ABOUT US?

Facebook
  Instagram
  Online search
  A friend

Other (specify):



## ISLAND RHYTHMIC GYMNASTICS CLUB

### WAIVERS

#### ALLERGIES AND MEDICAL CONCERNS

Does your child have any allergies, medical issues or need any accommodations to participate fully (including learning disabilities)? Please specify:

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#### EMERGENCIES

I hereby authorize the staff of Island Rhythmic Gymnastics Club to obtain the aid of a registered medical practitioner or ambulance services to initiate treatment for my child \_\_\_\_\_ in the event of her illness or accident should attempt to contact the parents/ guardians fail.

Parent signature \_\_\_\_\_ Date & place \_\_\_\_\_

#### WAIVER

In consideration of your acceptance of my child's registration, I state that I will not hold responsible Island Rhythmic Gymnastic Club or any of its executive or coaches, for any personal injuries or property loss or damages suffered by my child while involved with IRGC activities.

Gymnast name \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Gymnast signature (if over 18 years of age) \_\_\_\_\_

Date \_\_\_\_\_

#### PHOTOGRAPHS AND VIDEOS

I authorize Island Rhythmic Gymnastics Club to take photos or videos of my child for promotional or educational purposes.

Yes

No

Gymnast name \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Gymnast signature (if over 18 years of age) \_\_\_\_\_

Date \_\_\_\_\_

**Please send completed form and payment to:**

**Island Rhythmic Gymnastics Club**

**By mail: 2288 Covington Place, Victoria, BC, V8N 5N6**

**OR**

**By E-mail and e-transfer: [info@islandrhythmics.com](mailto:info@islandrhythmics.com)**